

How to Complete Your 2021 Open Enrollment Elections



HEALTH CARE &
BENEFITS DIVISION

Enroll October 25th – November 7th

► LOGIN

Visit www.benefits.mt.gov and click on the red button titled "Click Here to Start Open Enrollment", then login using your User Name and Password. If accessing the website on the State of Montana network, you will automatically enter the system and not be required to register.

First time users: **Register** your User Name and Password and answer a few security questions. The case-sensitive company key is **stateofmontana**. Log-in using your new User Name and Password.

Click on the **Forgot your User Name or Password?** link to reset your login details.

► EXPLORE YOUR OPTIONS

Explore the site to learn about your benefits. You'll find helpful information in the **Reference Center**.

The calendar at the top of the **Home** page lets you know how many days you have to complete your Open Enrollment.

► START YOUR ENROLLMENT

To begin Open Enrollment, click the **Start Here** button to review your personal information and add or edit any dependents you wish to enroll on State Plan coverage.

If you are adding Spouse Life for the first time, you will need to add your spouse/domestic partner on the dependent page.

You will need to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage.*

*You will be required to provide documentation to prove your relationship to each dependent.

Questions?

Health Care & Benefits Division (HCBD)

(800) 287-8266, TTY (406) 444-1421

benefitsquestions@mt.gov

www.benefits.mt.gov

Company Key: stateofmontana

How would you like to enroll

I Know What I Want
I know which plans I'd like to enroll in

Keep The Same Plans
I just want to re-enroll in my current plans

[< Back](#) [Start Enrollment >](#)

Medical

Who would you like to cover with Medical?

☒ Jane Doe

[+ Add a New Dependent](#)

[Compare](#) [Plan Details](#)

Medical Election Summary

Review Your Election

Enrolled in Medical?	Yes	Edit
Covered Dependents		Edit
Members	Covered	
Jane Doe	Yes	
Effective Date: 04/01/2020		
Plan Selected		Edit
Plan Selected	Medical Plan	
Employee Cost	Your employer will be paying \$252.91 for this benefit.	\$252.91 Monthly

[< Back](#) [Looks Good >](#)

► ENROLL IN COVERAGE

Choose to re-enroll in your current plans, or use the **Next** and **Back** buttons to review and elect options available to you. Choose or decline coverage for each option, and select which family members you want to cover.

Review plan documents and use the **Compare** and **Plan Details** tools to view details and costs for the options available to you.

► REVIEW AND FINALIZE YOUR ELECTIONS

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections.

To finish, click **I Agree**. When your enrollment is complete, you will receive a confirmation number and can print your **Benefit Summary** for your records.

Review Enrollment

You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.

[About You](#)

[Dependents](#)

[Beneficiary Information](#)

Your Elections

My Health

[< Back](#) [Approve](#)

Confirmation

Thank you for enrolling in your new hire benefits. To view your benefit elections at anytime throughout the year you can access your **Benefits Summary** under your name in the upper right hand corner.

If you have any questions, please chat with your personal benefits assistant, Sofia via the **Live Chat** feature in the navigation bar at the top of your browser.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

[✕ I Disagree](#) **Total Employee Cost: \$587.34 Monthly** [✓ I Agree](#)

Thank You!

☒ Transaction Complete [Print Benefit Summary](#)

Your information has been submitted. Select Home to return to your benefits home page or Log Out to end this session.

Thank You.

Confirmation Number

You Completed Your Enrollment!

Now manage your benefits year-round by downloading the MyChoice Mobile App to your mobile device. Apple | Android

Once you have downloaded the App, activate your access code below to get access!

MyChoice Mobile App

- Quick access to benefits details
- Store your ID Cards

[Get Access Code](#)

[< Home](#) [Logout](#)

To Do 1

New Hire Enrollment - Pending Dependent Verification

[Upload Documents](#)

Benefit Summary

► AFTER YOU ENROLL

Return to the **Home** page to check for any additional tasks needed to complete your enrollment, view or download your **2021 Benefit Summary** by clicking **Review** under the **To Do** section next to **Open Enrollment**, and download the MyChoiceSM Mobile App.

Visit this site anytime you want to learn more about your benefits or make a change to your coverage (if you experience a qualifying life event).

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